

City of Norfolk Recreation, Parks and Open Space

SUMMER PLUNGE PROGRAM

PARTICIPANT REGISTRATION FORM

GENERAL PARTICIPANT INFORMATION (PLEASE PRINT)

Participant's Name: _____ Birth date: _____ Age: _____

Address: _____
Street City State Zip

Parent/Guardian's Name: _____ Day Phone #: _____ Cell #: _____

Alternate Contact: _____ Day Phone #: _____ Cell#: _____

PARTICIPANT'S SWIMMING EXPERIENCE (Please circle appropriate answers)

Has your child (participant) ever participated in the Norfolk Summer Plunge in past summers? YES/NO

Has your child (participant) ever participated in a swimming lesson? YES/NO

If so please circle the highest level completed - Level 1 (Beginner) Level 2 Level 3 Other _____

Can your child tread water or swim safely in water depth over his/her head? YES/NO

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK AND WAVIER:

Please read this document completely before signing. Its effect is to release the City of Norfolk, Department of Recreation, Parks and Open Space from any liability resulting from participation in the activities listed and waives all claims for damages or losses against these parties.

I acknowledge that I have been informed of hazards and risks which are associated with participation in the activities (swimming/transportation) and I understand, accept, and assume those hazards and risks, and waive all claims against the City of Norfolk and her representatives and or agents for myself as well as the minor(s) I represent. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through participation in normal or unusual acts associated with the above-named activities.

I acknowledge and give authorization for my child (ren) to participate in the swimming program's transportation and all water activities except those indicated by me in the swim permission area.

I hereby grant authorization to staff to obtain immediate care for my child (ren) if any emergency occurs and I (parent) can not be contacted immediately.

I acknowledge that inappropriate behavior by my child(ren) either while traveling to, returning from or on-site will necessitate notification by staff that I come and remove my child from the trip and that my child will not be allowed to return to the program for the remainder of the program.

I grant permission to the City of Norfolk to use photos of my child (ren) in future promotional materials (please select a box). YES ☐ NO ☐

I give permission for my child _____ to participate in swimming and all water activities.

Signature of Parent or Legal Guardian

Date

Staff Initial